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Annual ministerial review: implementing the internationally agreed goals and commitments in regard to gender equality and empowerment of women

Statement submitted by Center for Reproductive Rights, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31.

* E/2010/100.

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Statement

The Center for Reproductive Rights welcomes the decision of the Economic and Social Council to dedicate the 2010 annual ministerial review to examining progress towards the Millennium Development Goals through the lens of gender equality and empowerment. Nowhere is the need for this gender lens clearer than in regard to Goal 5: improve maternal health. According to the World Health Organization (WHO), 536,000 women died of pregnancy and childbirth-related complications in 2005. It is estimated that another 10 million women suffer from chronic injuries, infection, disease and disability related to pregnancy and childbirth every year.

Preventable maternal mortality is a form and symptom of discrimination against women and thus must be addressed through programmes that respect human rights and promote equality and empowerment. Brazil is a case in point: according to WHO, Brazil has a maternal mortality ratio of 110 deaths per 100,000 live births. While the Government of Brazil calculates that the maternal mortality ratio in 2005 was 53.4 deaths per 100,000 live births, these numbers are still unacceptably high. These high rates persist despite the fact that the country's public health system guarantees access to free services, and hospital births account for 96 per cent of all births.

The situation of maternal mortality in Brazil is characterized by rights violations and inequality at all levels. The quality of care in health facilities is often shockingly poor. Many medical practitioners continue to rely on unnecessary, painful and potentially harmful delivery practices, and studies have documented women's complaints of neglect and verbal abuse by health-care providers during labour. Owing to Brazil's restrictive abortion law, many women cannot access safe abortion or post-abortion care and thus more than 9 per cent of maternal deaths are caused by unsafe abortion.

Furthermore, Brazil's referral systems are purported to function so poorly that women in many parts of the country struggle to find a hospital bed when they are ready to give birth. The number of hospital beds nationwide declined between 1986 and 2005, and regional disparities in hospital capacity and the distribution of basic and emergency obstetric-care facilities persist. These regional disparities are perpetuated by a public funding system that has struggled to distribute funds based on actual health needs and has instead favoured the wealthier regions of the South and South-East, to the detriment of poorer regions. Studies also demonstrate that Afro-descendant and indigenous women are disproportionately at risk for maternal mortality, a fact that is driven by direct and indirect discrimination in accessing maternal health care.

The case of Brazil exemplifies the need for countries to adopt a human rights-based approach to maternal mortality that includes:

- Investment of resources to improve the accessibility, acceptability, affordability and quality of maternal health-care services and referral systems, particularly in poor and rural areas
- Efforts to recognize and address socio-economic, racial, ethnic and other factors that contribute to differential vulnerability to maternal mortality
- Effective monitoring and accountability mechanisms for maternal mortality

- Expanded access to safe, legal abortion and post-abortion care

The Center's full statement is available from http://reproductiverights.org/ecosoc.